UTAH MEDICAID

(Required)

Ownership Disclosure Information

Copy this page and complete for each person who has an ownership or controlling interest of 5% or more, OR is an agent or managing employee in this provider entity.

If ownership does not apply check N	No, if Yes fill out inf	ormation be	elow.		□ No	☐ Yes	
Name		SSN			NPI		
Address		City/ST				Zip Code	
Are you the spouse, parent, child, or sibling of other persons who has control interest of 5% or more? If yes, give name of person and re					p or	NO	YES
If yes, give name of person and relat	tionship.						
Name		Relati	ionship				
Have you or any individuals or organizations having a direct or indirect ownership or control interest in the professional association or practice been convicted of a criminal offense related to any federal agency or program. NO Yes *If Yes fill out information below.							
Name	When? Give Date	yy) SSN/EIN					
Has there been a change in ownership or control within the last year? If yes, when? (mm/dd/yyyy) NO Yes *If Yes fill out this form.							
Do you have ownership or controlling services? NO YES	ng interest of 5% or	r more in ot				ll Medicai nation belov	
Name		EIN					

DEFINITIONS

Ownership Interest means the equity in the capital, the stock or the profits of the provider or other disclosing entity.

Person with an ownership or control interest means a person, partnership, corporation or other entity that (a) has an ownership interest totaling 5% or more; (b) has an indirect ownership interest equal to 5% or more; (c) has a combination of direct and indirect ownership interest equal to 5% or more; (d) owns an interest of 5% or more in any mortgage, deed of trust, note or other obligation secured by the provider if that interest equals at least 5% of the value of the property or assets of the provider; (e) is an officer or director of a provider that is organized as a corporation; or (f) is a general or limited partner in a provider that is organized as a partnership or limited partnership.

Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the provider or in an entity that has an indirect ownership interest in the provider.